MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A...

08006

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD Ocean Downs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~[illegible]~~ Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural, give location) Washington Blvd

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Augustin

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1952

5. SEX m

6. COLOR OR RACE white

7. SINGLE, [✓ MARRIED], WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 17, 1907

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Anna Augustin, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — 15 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.* @ 12²⁰ a.m.

SIGNATURE [illegible] Robbins M.D. (Degree or title) ADDRESS 5 Bay St. Berlin, Md DATE SIGNED 31 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-2-52
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel (State) Maryland

DATE REC'D BY LOCAL REG. 8-1-52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR [illegible] Burbage ADDRESS Berlin, Md.

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AUG 4 1952
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 080077

CERTIFICATE OF DEATH

Reg. Dist. No. 357

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
COUNTY Worcester
MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carson (Middle) T. (Last) Chandler

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Nov. 9 1880

9. AGE last birthday 71/7-29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY: Tomato Baskets

11. BIRTHPLACE (State or foreign country): Temperanceville Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Chandler

14. MOTHER'S MAIDEN NAME: Martha Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs John Quinton Purdue, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 5 minutes
DUE TO

420.1

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) arteriosclerosis — 5 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19......, to July 8, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Robert H. Lamar (DEGREE OR TITLE) MD ADDRESS Snow Hill, Md DATE SIGNED 7-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 10 52
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/9/52
REGISTRAR'S SIGNATURE W LeRoy Smith

24. FUNERAL DIRECTOR Clay E. Hinnis, Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15 8-51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08008

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Pocomoke City, Md.

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) CLAY (Last) COTTINGHAM

4. DATE OF DEATH (Month) July (Day) 23rd (Year) 1952

5. SEX male

6. COLOR OR RACE col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 28, 1898

9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Saw-mill

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Cottingham

14. MOTHER'S MAIDEN NAME Caroline Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-07-7727

17. INFORMANT AND ADDRESS Bessie Cottingham-Pocomoke, md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	① Cardiac Failure	12 hours
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	② Metastatic Carcinoma of liver & other organs	2 to 3 months
(c)	Secondary to (3) Primary Carcinoma of Pancreas	Probably about 1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, mild to moderate.	Several years

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — —

22. I hereby certify that I attended the deceased from 13 June, 1952, to 22 July, 1952, that I last saw the deceased alive on 22 July, 1952, and that death occurred at ✓ m., from the causes and on the date stated above.

SIGNATURE H. E. Sartorius, Jr. (Degree or title) — ADDRESS Pocomoke City, Md. DATE SIGNED 7/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/27/52
NAME OF CEMETERY OR CREMATORY Halls-Hill Cem.
LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. July 27, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08009

CERTIFICATE OF DEATH

Reg. Dist. No. 955

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Eliza (Last) Dinges.
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 6, 1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Heickman
14. MOTHER'S MAIDEN NAME Elisa Helsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Victor Dinges Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155x Immediate cause (a) Ca of Ductus Hepaticus c̄ — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis & Icterus

(c) Gravis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1950
19b. MAJOR FINDINGS OF OPERATION Ca of Hepatic Duct c̄ Metastases
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to 31 July, 1952, that I last saw the deceased alive on 31 July, 1952, and that death occurred at 7³⁰ P. m., from the causes and on the date stated above.

SIGNATURE Herman A. Rohlman (Degree or title) M.D. ADDRESS 5 Bay St Berlin, Md DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/3/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8/3/52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Annie B. Burbage ADDRESS Berlin Md

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AUG 7 19[illegible]
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08010

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City ,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke city, Maryland
STREET ADDRESS (If rural, give location) P.O. Box 33

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) (Last) Hammond

4. DATE OF DEATH (Month) July (Day) 19, (Year) 1952

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept. 9, 1909

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Saw Mill

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Hammond

14. MOTHER'S MAIDEN NAME Carrie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-20-7544

17. INFORMANT AND ADDRESS Helen Johnson, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause	(a) Coronary Thrombosis	sudden
448x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1952, to 7/19, 1952, that I last saw the deceased alive on 7/19, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE Corinne M. Bradford (Degree or title) ADDRESS 508 5th ave Pocomoke, DATE SIGNED 7/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/22/52
NAME OF CEMETERY OR CREMATORY Whaleyville Cemetery
LOCATION (City, town, or county) Berline, (State) Maryland

DATE REC'D BY LOCAL REG. July 22, 1952
REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR [illegible] ADDRESS New Church Va

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

[illegible]

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MA[illegible]IN RESERVE[illegible] [illegible]R [illegible]INDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every ite[illegible] of inf[illegible]ation carefully. The co[illegible]ct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishopville Md.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland **COUNTY** Worchester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishopville Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) HEARN

4. DATE OF DEATH (Month) 7 – (Day) 3 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12/31/88

9. AGE last birthday 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Owner

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William Handy Hearn

14. MOTHER'S MAIDEN NAME Nancy Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Lillie Hearn Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction (massive)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 10 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE William N Young **(Degree or title)** MD **ADDRESS** Selbyville, Del **DATE SIGNED** July 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE** 7/6/52 **NAME OF CEMETERY OR CREMATORY** Odd Fellows **LOCATION** (City, town, or county) Bishopville (State) Maryland.

DATE REC'D BY LOCAL REG. 7/6/52 **REGISTRAR'S SIGNATURE** H. Roy Bergey

24. FUNERAL DIRECTOR Henry H. Waters **ADDRESS** Pocomoke Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, Md RFD
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Flemming Mill yard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Rural [illegible]
STREET ADDRESS (If rural, give location) Flemmings Mill Yard

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) H. (Last) Jones
4. DATE OF DEATH (Month) July (Day) 31st (Year) 1952

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 21 - 1919
9. AGE last birthday 32 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (State or foreign country) Troy Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charlie Jones
14. MOTHER'S MAIDEN NAME Maggie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 416-12-3199
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage of lungs — Few Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably T b — 3 yr.

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Sanitary Conditions & food Rations very poor

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE Dr. N. E. [illegible] (Degree or title) Dep. Med Examiner ADDRESS Pocomoke City Md DATE SIGNED 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/4/52
NAME OF CEMETERY OR CREMATORY [illegible] Hill
LOCATION (City, town, or county) (State) [illegible] Hill, Md.

DATE REC'D BY LOCAL REG. Aug. 4, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar [illegible]
ADDRESS New Church

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AUG 6 1952
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PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct ag
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke Rural
LENGTH OF STAY (In this place): 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke City Md
STREET ADDRESS (location): Rural

3. NAME OF DECEASED (Type or Print) — (First) John (Middle) (Last) Wilson

4. DATE OF DEATH — (Month) July (Day) 21 (Year) 1952

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: DK
9. AGE last birthday: ? yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don't Know
14. MOTHER'S MAIDEN NAME: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Alton Martin – Pocomoke City RR.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	Exhaustion and Hemorrhage Lung	DK
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Probably T b of Lungs	DK.
(c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fatigue overexertion	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ~~, Inquiry~~ ~~thereon~~ and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE: Dr. N. E. [illegible] D. M. Ex. (Degree or title) — ADDRESS: Pocomoke City Md — DATE SIGNED: July [illegible] 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/30/52
NAME OF CEMETERY OR CREMATORY: Hall's Hill Colored
LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: July 30, 1952
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR — ADDRESS: Dennis & Watson, Pocomoke City, Md.

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PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City, Md.
STREET ADDRESS (If rural give location) 405 Laurel St.

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) MAY (Last) SchoolField

4. DATE OF DEATH (Month) July (Day) 1st. (Year) 1952

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 16, 1922
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible] Schoolfield
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Grace [illegible] - Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: app. 3 Years

002+ Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to July 1, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE Charles W. Trader (Degree or title) M.D. ADDRESS Pocomoke City Md DATE SIGNED July 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7-6-52 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) Md.

DATE REC'D BY LOCAL REG. July 6, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Whorton ADDRESS New Church, Va.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 354

M

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STOCKTON
LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WORCESTER COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STOCKTON
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) SPADY
4. DATE OF DEATH (Month) JULY (Day) 23 (Year) 1952

5. SEX MALE MALE
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH Unknown
9. AGE last birthday about 45 yrs. If under 1 year Months | Days If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Probaly Norfolk, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 226-34-2460
17. INFORMANT Sheriff Edwin D. Lynch, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis of anterior descending coronary artery — 5 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Stockton (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE Herman G. Rabbrio Md (Degree or title) ADDRESS 5 Bay St Berlin, Md DATE SIGNED 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24 52
NAME OF CEMETERY OR CREMATORY County
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 7-25-52
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR ADDRESS Billy B. Dennis, Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Md
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural, give location) Mumford St

3. NAME OF DECEASED (Type or Print) (First) Josiah (Middle) Franklin (Last) Stevens
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/21/1902
9. AGE last birthday 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Merrill Ames Stevens
14. MOTHER'S MAIDEN NAME Charlotte Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) April 1920 to April 1921
16. SOCIAL SECURITY No. 216-10-3243
17. INFORMANT AND ADDRESS Howard Layfield – Brother in Law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Probably Coronary disease — Instantly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Too Strenuous Exercise just before

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. [illegible] (Degree or title) Dep. Med Examiner ADDRESS Pocomoke City Md DATE SIGNED 7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 11/52
NAME OF CEMETERY OR CREMATORY Bates Methodist
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 7/10/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR [illegible] ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08012

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill, (Rural)
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Elizabeth (Last) Tarr
4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1952
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 29 1867
9. AGE last birthday 84 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Marcellus Pruitt
14. MOTHER'S MAIDEN NAME Mildred Blades.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Katherine Tarr (a niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1210

Immediate cause (a) Thermic fever (108°+)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) Extreme heat, high humidity and (c) very poor air circulation

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age, Cardiac disease & a fall 6 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In bed room
(CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 7 (Day) 23 (Year) 1952 (Hour) 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE [illegible] (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF July 26/52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) Md

DATE REC'D BY LOCAL REG. 7/25/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR [illegible] ADDRESS Snow Hill, Md

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PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree Rural #1
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree, Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) W. (Last) Taylor

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 29-1879

9. AGE last birthday 72-11-19 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY on farm

11. BIRTHPLACE (State or foreign country) Accawomac Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Taylor

14. MOTHER'S MAIDEN NAME Sarah Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs Sarah W. Taylor Girdletree Md Rural #1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) arteriosclerotic hypertensive cardio-vascular renal disease	unknown
441 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) uremia	1 wk
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19...., to July 18, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 12:10 midnight m., from the causes and on the date stated above.

SIGNATURE Paul Bowen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 7/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 21 1952
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/19/52
REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Olney E. Harmon ADDRESS Snow Hill Md

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Item 9 FilmG145 8/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08019

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Selbyville Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HETTIE (Middle) (Last) TINGLE

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1876 - Dec 4

9. AGE last birthday 78 ~~76~~ yrs. If under 1 year Months 7 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Moses Taylor

14. MOTHER'S MAIDEN NAME Martha Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Charlie Tingle Selbyville Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident | 1 hour

422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease | 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to July, 1952, that I last saw the deceased alive on July 2, 1952 and that death occurred at 4 30 p m., from the causes and on the date stated above.

SIGNATURE William M Young (Degree or title) MD ADDRESS Selbyville, Del. DATE SIGNED July 5 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/7/52
NAME OF CEMETERY OR CREMATORY German Town
LOCATION (City, town, or county) Berlin (State) Maryland.

DATE REC'D BY LOCAL REG. 7/7/52
REGISTRAR'S SIGNATURE J. Roy Bergey

24. FUNERAL DIRECTOR Henry H Watson ADDRESS Pocomoke Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Levin (Last) Truitt.

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb. 11, 1907

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Berlin Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levin Truitt

14. MOTHER'S MAIDEN NAME Nancy Truitt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War 2

16. SOCIAL SECURITY NO. 211-14-5902

17. INFORMANT AND ADDRESS Mr. Edw. L. Truitt Jr Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — 5 minutes

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tbc — 14 yrs (known)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Jul 18, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 1130 ~~A.M.~~ m., from the causes and on the date stated above.

SIGNATURE Jr (Degree or title) M.D. ADDRESS Ocean City, Md. DATE SIGNED July 19, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/20/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 7-20-52
REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Burbage ADDRESS Berlin Md

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